


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90055 006 \*\*\*\*61.25

<b>DOCUMENT #</b> N03000008576	
<b>1. Entity Name</b> KIDZ CONNECTION LEARNIG CENTER INC.	

<b>Principal Place of Business</b> 600 FORT SMITH DELTONA FL 32738 US	<b>Mailing Address</b> 600 FORST SMITH BLVD DELTONA FL 32738 US
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<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 26-0075526	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> CORKINS, THOMAS M 2877 FIFER DR. DELTONA FL 32738	<b>7. Name and Address of New Registered Agent</b> Name: THOMAS CORKINS Street Address (P.O. Box Number is Not Acceptable): 2531 CANDLEWICK ST City: DELTONA, FL 32738 Zip Code: FL
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<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>	
<b>SIGNATURE</b> Thomas Corkins	<b>DATE</b> 4-19-07

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> P <b>NAME</b> CORKINS, MICHELE M <b>STREET ADDRESS</b> 1971 PIPER TERR <b>CITY-STATE-ZIP</b> DELTONA FL 32738	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b> 2531 CANDLEWICK ST <b>STREET ADDRESS</b> DELTONA, FL 32738 <b>CITY-STATE-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> CORKINS, THOMAS E <b>STREET ADDRESS</b> 1971 PIPER TER <b>CITY-STATE-ZIP</b> DELTONA FL 32738	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b> 2531 CANDLEWICK ST <b>STREET ADDRESS</b> DELTONA, FL 32738 <b>CITY-STATE-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TREA <b>NAME</b> BYRNS, PHYLLIS L <b>STREET ADDRESS</b> 1338 TROLLMAN AVE <b>CITY-STATE-ZIP</b> DELTONA FL 32738	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b> 402 OPELI 2724 NEWMARK DR. <b>STREET ADDRESS</b> DELTONA, FL 32738 <b>CITY-STATE-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> BM <b>NAME</b> FINNEGAN, RENEE <b>STREET ADDRESS</b> 146 SPRINGHURST CIR. <b>CITY-STATE-ZIP</b> LAKE MARY FL 32746	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> BM <b>NAME</b> SPARKS, GLORIA JEAN <b>STREET ADDRESS</b> 200 TERRACE HILL BLVD <b>CITY-STATE-ZIP</b> DEBARY FL 32713	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> BM <b>NAME</b> GETCHELL, LAURA <b>STREET ADDRESS</b> 2501 ARSLAN ST <b>CITY-STATE-ZIP</b> DELTONA FL 32738	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>
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<b>SIGNATURE:</b> Michele Corkins	<b>DATE:</b> 4-19-07	<b>DAYTIME PHONE #:</b> 386-837-3372
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